

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5	4					
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	30					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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400						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						